

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIAL	ID NO.	DATE
FEE DETERMINATION	HL		4-3-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CB	535	05-07-01
RESPONSE FORMALITY REVIEW	LB	1074	06/10/06

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	Original 10/22/02
2	NN 11/02/02
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Claim	Date
51	Original 10/22/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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